Pharmacy Policy Bulletin: J-0180 Procysbi (cysteamine bitartrate) – Commercial and Healthcare Reform	
Number: J-0180	**Category:** Prior Authorization
`Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial**: **Prior Authorization (1.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform**: Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0180-014	**Original Date:** 06/06/2013
Effective Date: 04/25/2025	**Review Date:** 04/09/2025

Drugs Product(s):	• Procysbi (cysteamine bitartrate)
FDA-Approved Indication(s):	• Treatment of nephropathic cystinosis in adults and pediatric patients 1 year of age and older

Background:	• Nephropathic cystinosis is the most common form of cystinosis, which is a hereditary metabolic disease characterized by the accumulation of cystine in tissues and organs, resulting in severe organ dysfunction. In patients with nephropathic cystinosis, cystine accumulates most notably in the kidney, leading to its destruction. This results in the need for transplant and, ultimately, premature death can occur. Nephropathic cystinosis is believed to affect 1 out of every 100,000 to 200,000 children. • In 1994, an immediate-release (IR) version of cysteamine bitartrate (Cystagon) was approved for the management of nephropathic cystinosis in children and adults, and the active ingredient has since become the standard of treatment. Immediate-release cysteamine is dosed in 6-hour intervals and can be associated with nausea, vomiting, diarrhea, skin and breath odor, and fever. Delayed-release cysteamine bitartrate has been shown to reduce (but not eliminate) these adverse effects with similar efficacy in lowering serum cystine compared to the immediate-release formulation. Delayed-release cysteamine is dosed twice daily. • Cysteamine is an aminothiol that participates within lysosomes in a thiol-disulfide interchange reaction converting cystine into cysteine and cysteine-cysteamine mixed disulfide, both of which can exit the lysosome in patients with cystinosis. • Prescribing Considerations: ○ Procysbi capsules can be opened and contents can be sprinkled on and mixed in applesauce, berry jelly, or fruit juice (except grapefruit juice) and administered orally to patients who cannot swallow.

	○ For patients with a gastrostomy tube (g-tube), capsules and granules can be opened and contents mixed in applesauce and administered via the g-tube. ○ Switching from IR cysteamine to Procysbi: Start with a total daily dose of Procysbi equal to the previous total daily dose of IR cysteamine bitartrate. ○ Dose titration: The dose of Procysbi should be adjusted to achieve a therapeutic target white blood cell (WBC) cystine concentration. If a dose adjustment is required, increase the dosage by 10%. If adverse reactions occur, decrease the dosage. Some patients may be unable to achieve their therapeutic target. The maximum dosage is 1.95 grams/m^2 per day. ○ If a patient experiences initial intolerance, temporarily discontinue Procysbi and then re-start at a lower dosage and gradually increase dosage. ○ Procysbi is contraindicated in patients with a hypersensitivity to penicillamine or cysteamine. ○

Approval Criteria

I. Initial Authorization
When a benefit, coverage of Procysbi may be approved when all of the following criteria are met **(A. through D.):**
- **A.** The member is 1 year of age or older.
- **B.** The medication is being prescribed by or in consultation with a physician who specializes in treating nephropathic cystinosis (e.g., nephrologist).
- **C.** The member has a diagnosis of cystinosis (ICD-10: E72.04) classified as nephropathic.
- **D.** The member has experienced therapeutic failure or intolerance to plan-preferred Cystagon.

II. Reauthorization
When a benefit, reauthorization of Procysbi may be approved when all of the following criteria are met **(A. and B.)**:
- **A.** The prescriber attests that the member has experienced positive clinical response to therapy.
- **B.** The member has experienced therapeutic failure or intolerance to plan-preferred Cystagon.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None.

References:

1. Procysbi [package insert]. Deerfield, IL: Horizon Therapeutics USA, Inc.; February 2022.
2. Gahl WA, Thoene JG, Schneider JA. Cystinosis. *N Engl J Med.* 2002;347(2):111-21.
3. Cystinosis Research Network. Infantile Nephropathic Cystinosis Standards of Care: A Reference for People with Infantile Nephropathic Cystinosis, their Families, and Medical Team. Available at: https://cystinosis.org/wp-content/uploads/2019/01/CRN_StandardsOfCare_FINAL-1.pdf. Accessed February 5, 2025.